

<b>Tea Garden Monthly Reporting Format</b>			
(Tea Garden wise monthly report to be submitted on or before 10th day of the following month)			
(Please note this is a special report to collect information of the tea garden area. It is tea garden area specific report. However, Tea Garden Hospitals will continue to submit the monthly HMIS report as per HMIS format provided to capture the performance of the Hospital)			
<b>A</b>			
A.1	Name of the District:		
A.2	Name of the Health Block/ Block PHC:		
A.3	Name of the Tea Garden		
A.4	Name of the Owner/ Company		
A.5	Association Name (ABITA/ ATA/ NETA/ TAI, etc)		
A.6	Report for the month of: (MMM-yyyy)		
A.7	Total Population of the Tea Garden		
A.8	Total number of Pregnant Women in the Tea Garden area		
A.9	Total number of Infants (0-1 year) in the Tea Garden area		
<b>Facts &amp; Figures of the Tea Garden Area (2015-16)</b>			
<b>B</b>	<b>Activity</b>	<b>Report during the reporting month</b>	<b>Cumulative from April'15 to the current</b>
B.1	Total number of Pregnant Women registered for ANC from the Tea Garden area		
B.2	Number of Pregnant Women received 3 or more ANC checkups		
B.3	Number of pregnant women identified having severe anemia (Hb <7)		
B.4	Number of High Risk Pregnant Women identified from the Tea Garden area		
B.5	Number of Institutional Deliveries from the Tea Garden area		
B.6	Number of Home Deliveries from the Tea Garden area		
B.7	Number of Infants received Meseales vaccination		
B.8	Number of Infants fully immunized		
B.9	Number of IUCD/ PPIUCD inserted		
B.10	Number of Male Sterilization		
B.11	Number of Female Sterilization		
B.12	Number of Outdoor Patients		
B.13	Number of Indoor Patients		

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B.14	Number of patients referred to other hospital		
B.15	Number of Pregnant Women referred to other Hospital		
B.16	Number of Patients Transported		
B.17	Number of Pregnant Women/ Mothers transported		
B.18	Number of Malaria Cases		
B.19	Number of Malaria Deaths reported		
B.20	Number of AES/ JE Cases reported		
B.21	Number of AES/ JE Deaths reported		
B.22	Number of Maternal Deaths reported		
B.23	Number of Infant Deaths reported (0-1 Year)		
B.24	Number of Child Deaths reported (0-5 Year)		
<b>For PPP Tea Gardens</b>			
<b>C</b>	<b>Activity</b>	<b>Performance during the reporting month</b>	<b>Cumulative from the date under PPP to the current month</b>
C.1	Total fund received		
C.2	Total Fund Utilized		
C.3	Total UC submitted		

Seal &amp; Signature of the Manager

Date:

Name:

**Note:**

Please send the signed hard copy of the report to

The Mission Director  
National Health Mission, Assam  
Saikia Commercial Complex  
G. S. Road, Christianbasti, Guwahati - 781005

Soft copy of the report to be send to

[misnrhm.assam@gmail.com](mailto:misnrhm.assam@gmail.com)